

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO	FILING DATE					
						APPLICANT(S)						
CLAIMS												
NO.	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
1	/						51					
2							52					
3							53					
4	1						54					
5		/					55					
6							56					
7							57					
8		/					58					
9		2					59					
10							60					
11							61					
12							62					
13							63					
14							64					
15	7						65					
16	1						66					
17	1						67					
18	3						68					
19	3						69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7						TOTAL IND.					
TOTAL DEP.	14						TOTAL DEP.					
TOTAL CLAIMS	91						TOTAL CLAIMS					